

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SL		10-16-01
O.I.P.E. CLASSIFIER	EN	31	10/30
FORMALITY REVIEW	CH	1119	11-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

5C 1119

Claim	Date
Final	
Original	
1	2-5-03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here